

PERSONAL HISTORY RECORD

Date _____

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his/her initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this Personal History Record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license/approval.

All applicants are further advised that an application for a gaming license, finding of suitability, or for other action may not be withdrawn without the permission of the licensing agency.

Application for: _____
Nature of License or Finding of Suitability Desired

Name and Address of Establishment for Which License is Requested

Name Under Which it is Now Operated

1. PERSONAL INFORMATION:

Last Name (Include Sr., Jr., etc., if applicable)	First Name	Middle Name
---	------------	-------------

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Home Address: Since _____ (Date)	Apt. #	City/Town	State	Zip Code
Mailing Address (If Different Than Home Address)	Apt. #	City/Town	State	Zip Code
Present Business Name/Address: Since _____ (Date)		City/Town	State	Zip Code

Telephone Numbers: Residence: (____) ____-____ Business: (____) ____-____ Cellular: (____) ____-____ Fax: (____) ____-____	Occupation E-Mail Address (Optional)
--	---

Date of Birth (Month/Day/Year)	Age	Place of Birth (City/County/State)	Social Security Number			
Sex	Color of Eyes	Color of Hair	Complexion	Height	Weight	Build

Scars, Tattoos, or Distinguishing Marks and/or Characteristics

Are you a citizen of the United States? Yes ☐ No ☐ If a non-citizen, Registration No. _____

If Naturalized, Certificate No. _____ Date _____

Place _____ (If Naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's Initial _____

MARITAL INFORMATION – Continued**A. Current Marriage:**

Date of Marriage		Place (City/County/State)			
Spouse's Full Name (Maiden)			Social Security Number		
Date of Birth		Place of Birth			
Residence Address		Apt. #	City/Town		State Zip Code
Telephone Residence () - Business () -					
Spouse's Employer			Occupation		
Address of Employer			City	State	Zip Code

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date and Place of Marriage	Nature of Action	City/County/State

List the names and current address of previous spouses:

Name	Street	City	Address			Telephone
			State	Zip		
						() -
						() -
						() -

3. FAMILY INFORMATION:**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

B. Child Support Information:

Please mark the appropriate response:

- ☐ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Initial _____

FAMILY INFORMATION – Continued

District attorney or public agency responsible for enforcing the child support order:

Name _____

Address _____

Contact Person _____

C. Parents:

List names, residence address, dates of birth, and most recent occupations of parents, parents-in-law, or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Mother			
Father-in-Law			
Mother-in-Law			

D. Brothers and Sisters:

List names, residence address, dates of birth, and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Spouse			
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			
Junior High School			
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
College/ University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			

Type of degree obtained, if any _____

College or University where obtained _____

Applicant's Initial _____

5. MILITARY INFORMATION:

- A. Have you registered for the Selective Service? Yes ☐ No ☐
County _____ State _____ Date registered _____
- B. Have you ever served in any armed forces? Yes ☐ No ☐
Branch _____ Date of entry – active service _____
Date of separation _____ Type of discharge _____
Rating at separation _____ Serial number _____
While in the military service were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial? Yes ☐ No ☐
If yes, furnish details on page 10. (List all incidents regardless of where they occurred – foreign or domestic.)

6. ARRESTS, DETENTIONS, LITIGATIONS, AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except **minor** traffic citations.) Yes ☐ No ☐
If yes, give details in the space provided below **AND** attach a full written narrative of your recollection of each event.
List all cases without exception.

Date of Arrest	Age	Charge	Location – City and State	Disposition and Date	Arresting Agency

- B. Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☐ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal, or law enforcement agency, commission or committee? (Except Nevada Gaming Control Board and Commission.) Yes ☐ No ☐ If yes, furnish details on page 10.
- D. Have you ever been subpoenaed to appear or testify before a federal, state, or county grand jury, board or commission? Yes ☐ No ☐ If yes, furnish details on page 10.
- E. Have you ever been subpoenaed to testify for any civil, criminal, or administrative proceeding or hearing? Yes ☐ No ☐ If yes, furnish details on page 10.
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☐
If yes, when?: _____ city, county, and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☐
If yes, when?: _____ city, county, and state _____
If your answer to question 6F or 6G is yes, furnish details on page 10.
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☐
If yes, complete the following:

Name	Relationship	Charge	Location	Date

ARRESTS, DETENTIONS, LITIGATIONS, AND ARBITRATIONS – Continued

- I. Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? (Other than divorces.)
Yes ☐ No ☐

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County, and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship, or closely held corporation (while you were associated with it as an owner, officer, director, or partner) been a party to a lawsuit, arbitration, or bankruptcy?
Yes ☐ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

Beginning with your current residence, list all residences you have had for the last 25 years:

Month and Year (From – To)	Street and Number	City	State or County
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			

8. EMPLOYMENT:

- A. Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment for the last 25 years.

Month and Year (From – To) -	Name/Mailing Address of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To) -	Name/Mailing Address of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To) -	Name/Mailing Address of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To) -	Name/Mailing Address of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To) -	Name/Mailing Address of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To) -	Name/Mailing Address of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To) -	Name/Mailing Address of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To) -	Name/Mailing Address of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To) -	Name/Mailing Address of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To) -	Name/Mailing Address of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To) -	Name/Mailing Address of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To) -	Name/Mailing Address of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>

If additional space is needed, continue on page 10 or provide attachment.

EMPLOYMENT – Continued

- B. List all corporations, partnerships, limited liability companies, or any other business ventures with which you have been associated as an officer, director, stockholder, member, or related capacity, for the last 25 years.

Note: List only those entities not previously disclosed in section 8A, above.

Month and Year (From – To) -	Name and Address of Firm, Corporation, or Other Business Entity	Reason for Leaving
Title of Office or Position Held		Description of Duties
Month and Year (From – To) -	Name and Address of Firm, Corporation, or Other Business Entity	Reason for Leaving
Title of Office or Position Held		Description of Duties
Month and Year (From – To) -	Name and Address of Firm, Corporation, or Other Business Entity	Reason for Leaving
Title of Office or Position Held		Description of Duties

If additional space is needed, continue on page 10 or provide attachment.

9. CHARACTER REFERENCES:

List five character references who have known you five years or more. Do not include relatives, present employer, or employees.

Name and Where Employed	Street, City, State, Zip Code	Telephone	Years Known
Name	Home	() -	
Employer	Business	() -	
Name	Home	() -	
Employer	Business	() -	
Name	Home	() -	
Employer	Business	() -	
Name	Home	() -	
Employer	Business	() -	
Name	Home	() -	
Employer	Business	() -	

10. Do you have any safe deposit box or other such depository, access to any depository, or do you use any other person's depository? Yes ☐ No ☐

If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Real estate broker or salesman	Doctor	Jockey	Contractor	Gaming
Accountant	Boxing promoter	Trainer or manager	Pilot	
Yes <input type="checkbox"/> No <input type="checkbox"/>				

If yes, state type, where, years held, and the nature of any disciplinary actions taken against you:

12. Have you ever applied for a gaming license or held a financial interest or gaming license in a gambling venture, including a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, or pari-mutuel operation, OUTSIDE the State of Nevada? Yes ☐ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and addresses of all partners and the agency responsible for regulating the gambling venture:

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☐ No ☐

If yes, state what agency, where, when, and for what reason:

14. Have you ever been refused a gaming or liquor license or related finding of suitability or been a participant in any group which has been denied a gaming or liquor license or related finding of suitability? Yes ☐ No ☐

If yes to either of the above, state where, when, and for what reason:

15. Have you ever been granted a gaming license or been a participant in any group which has been issued a gaming license by the State of Nevada? Yes ☐ No ☐

If yes, state type of license, name of establishment, location, and period held:

16. Do you have any relatives associated with or employed in the gaming or liquor industry? Yes ☐ No ☐

If yes, state name, relation, and association or employment:

17. If currently or previously employed in Nevada gaming, give dates and places of issuance of work permits.

ATTACH PHOTOGRAPH
TAKEN WITHIN LAST 30
DAYS HERE

STATE OF _____ }
COUNTY OF _____ } ss.

I, _____, being duly sworn, depose and say that I have read the foregoing
(Applicant's Name)
application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; **that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a state gaming license**; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 463.140(5) provides "any person making false oath in any matter before either the Board or Commission is guilty of perjury."; and, further, that I have familiarized myself with the contents of the Nevada Gaming Control Act, as amended, and the Regulations of the Nevada Gaming Commission as promulgated thereunder and agree, if licensed, to abide thereby.

I hereby expressly waive release, and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall, or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a gaming license in the State of Nevada.

Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, _____

Signature of Notary Public

(SEAL/STAMP)

CERTIFICATION OF FORM

Nevada Gaming Regulation 10.010 requires that every attorney, certified public account, or other agent who prepares this document on behalf of the applicant be properly enrolled with the Commission. Regulation 10.110 requires any such representative to certify such document. If this document was prepared by such a representative, please have that person complete the following:

I, _____, do hereby certify that I am enrolled to practice before the Nevada
(Representative's Name)
Gaming Commission and am fully knowledgeable of my responsibilities under Regulation 10. I further certify that I have prepared this document on behalf of the applicant in conformity with the Nevada Gaming Control Act and the Regulations of the Nevada Gaming Commission.

(Signature of Attorney, C.P.A. or Agent)

(Business Address)

(Telephone)

[illegible]